



**Mental Health  
Services Act  
(MHSA) Three-Year  
Integrated Plan  
Fiscal Years  
14/15 - 16/17**

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**Community Program  
Planning**

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**County of San Bernardino,  
Department of Behavioral Health**

# MHSA Background

- Voted into law by California voters in November 2004
- Became effective in January 2005
- Imposes a 1% tax on personal income over \$1 million dollars
- Intended to transform the public mental health system

# Components of MHSA

1. Community Services and Supports
2. Prevention and Early Intervention
3. Innovation
4. Workforce Education and Training
5. Capital Facilities and Technological Needs
6. Community Program Planning

# MHSA Integrated Plan

An opportunity to:

- Reflect upon what has transpired across the County of San Bernardino since the inception of the MHSA in 2005
- Acknowledge how the planning and implementation of the Mental Health Services Act has and continues to change the face of public mental health
- Review the successes of the last nine years and spend the next several years evaluating, improving and strengthening the entire public mental health system as we move toward integration

# Transformation in Action

<b>2004 Before MHSA</b>	<b>2014 Since MHSA</b>
<b>Cultural competency was not emphasized.</b>	<b>Cultural competency is integrated in all aspects of DBH programs.</b>
<b>We did not have input from consumers, family members, and stakeholders.</b>	<b>Since July 2013, DBH has had over 280 meetings with diverse stakeholders to discuss mental health policy, programs, funding, outcomes, and/or evaluation.</b>
<b>Limited to a medical model for delivery of services.</b>	<b>We now can identify and assist people earlier in the course of their illness. Prevention and Early Intervention services are now available and we can focus on application of the Recovery Model.</b>

# Transformation in Action

<b>2004 Before MHSA</b>	<b>2014 Since MHSA</b>
<b>We did not ask questions about substance abuse.</b>	<b>Today we ask questions about substance abuse to be able to provide co-occurring services to those who need them.</b>
<b>DBH and Law Enforcement did not partner.</b>	<b>DBH-CCRT implemented targeted outreach to law enforcement agencies in the county. These efforts have increased coordination between law enforcement and CCRT to significantly reduce the number of involuntary holds written by law enforcement officers while providing a more consumer friendly intervention. Also includes Crisis Intervention Training (CIT ) and Forensic services</b>

# Celebrate Actualization

Development of Core Competencies  
CHILDREN'S WRAPAROUND SERVICES  
Interagency Youth Resiliency Team  
*Child and Youth Connection*  
Age-wise Older Adult Services  
Community Resiliency Model  
PEI Preschool Program  
Integrated New Family Opportunities  
Family Resource Center  
Community Crisis Response Teams  
*Consumer-Operated Peer-Support Services and Clubhouse Expansion*  
Training to Support Fundamental Concepts of MHSA  
*National Crossroads Educational Institute Training*  
Homeless Intensive Case Management and Outreach  
**Peer and Family Advocate Workforce Support Initiatives**  
Increase Eligibility of Federal Workforce Funding  
**Military Services and Family Support**  
Forensic Integrated Mental Health Services  
Online Diverse Community Experiences  
TAY Behavioral Health Hostel

**MHSA**  
Assertive Community Treatment Team  
Psychiatric Triage Diversion Team  
Home Nurse Visitation Program  
OUTREACH TO STUDENTS  
Full Service Partnership  
**Crisis Walk In Centers**  
Internship Program  
TAY One Stop Centers  
**Promotores de Salud**  
*Scholarship Program*  
*Older Adult Community Services*  
**Leadership Development Program**  
**Resiliency in African American Children**  
ALLIANCE FOR BEHAVIORAL AND EMOTIONAL TREATMENT

Coalition Against Sexual Exploitation  
**Psychiatric Residency Program**  
**Community Wholeness and Enrichment**  
Student Assistance Program  
Holistic Campus  
**Lift**  
MHSA Housing  
*Expanding Existing Training Program*  
Resource Center  
Native American

# Major Accomplishments

- Significant support includes the development of supportive housing and employment services that leverage multiple funding sources and work across all programs and components
- Increased collaboration with community partners and local agencies across all six components of MHSA
- The Full Service Partnerships (FSP) greatly enhanced the clinics ability to provide recovery orientated services to the most severely mentally ill populations that had been underserved

# Major Accomplishments

- Twelve PEI programs have been developed and implemented through an extensive community planning process, expanding DBH services to include prevention and early intervention as part of the continuum of care.
- The ability to test new approaches to treatment and recovery and feed those approaches back into the mental health system for improved outcomes.
- Since MHSA was implemented in 2005, the County of San Bernardino has received approximately \$453 million and provided services to between 150,000 to 195,000 individuals annually.

# MHSA Funding

Approximately \$453 million has been received since 2005

- CSS/CPD - \$315 million
- INN - \$22 million
- WET - \$11 million
- PEI - \$81 million
- CFTN - \$24 million

# Community Services and Supports

This component has greatly contributed to the ongoing transformation of the public mental health system by:

- Augmenting existing services
- Establishing a system of care for crisis services
- Developing programming to address the needs of Transitional Age Youth (TAY)
- Developing supportive housing and maximizing MESA funds for housing opportunities
- Enhancing and expanding wraparound services to children
- Approximately \$315 million has been received

# Programs created since MHSA implementation

## Community Services and Supports

- Comprehensive Children and Family Support Services (CCFSS)
- Integrated New Family Opportunities (INFO)
- Transitional Age Youth (TAY) One Stop Centers
- Clubhouse Expansion Program
- Forensic Integrated Mental Health Services (STAR, FACT)
- Members Assertive Positive Solutions (MAPS)/ Assertive Community Treatment Team (ACT)
- Crisis Walk-in Centers (CWIC)
- Psychiatric Triage Diversion Team

# Programs created since MHSA implementation

## **Community Services and Supports (cont.)**

- Community Crisis Response Teams (CCRT)
- Homeless Intensive Case Management and Outreach
- Big Bear Full Service Partnership (FSP)
- Agewise Older Adult Services
- Agewise Mobile Response
- Access, Coordination, and Enhancement (ACE) of Quality Behavioral Health Services

# Prevention and Early Intervention

- PEI is intended to reduce risk factors, increase protective factors, and intervene early in the progression of an illness.
- The component works to build resiliency across the target populations and prevent mental illness from becoming severe and disabling.
- Twelve PEI programs have been developed and implemented.
- Approximately \$81 million has been received.

# Programs created since MHSA implementation

## Prevention and Early Intervention

- Child and Youth Connection
- Community Wholeness and Enrichment
- Family Resource Centers
- Lift – Home Nurse Visitation Program
- Military Services and Family Support
- National Curriculum and Training Institute Crossroads Education (NCTI)
- Native American Resource Center
- Older Adult Community Services
- PEI Preschool Program
- Promotores de Salud/CHW
- Resiliency Promotion in African American Children
- Student Assistance Program

# PEI Statewide Initiatives

In 2010 DBH assigned \$8.6 million to support implementation of PEI statewide projects via the California Mental Health Services Authority (CalMHSA); joining with other California counties to make a statewide impact.

1. Stigma and Discrimination Reduction
2. Student Mental Health Initiative
3. Suicide Prevention Program

# Innovation Projects

- Innovation projects must contribute to learning and be developed within the community through a process that is inclusive and representative especially of unserved, underserved and inappropriately served populations.
- The intent of this component is to implement novel, creative, ingenious mental health approaches that are expected to contribute to learning transformation and integration of the mental health system.
- Approximately \$22 million has been received.

# Programs created since MHSA implementation

## **Innovation**

- Interagency Youth Resiliency Team (IYRT)
- Online Diverse Community Experiences (ODCE)
- Coalition Against Sexual Exploitation (CASE)
- Community Resiliency Model (CRM)
- Holistic Campus
- Transitional Age Youth Behavioral Health Hostel (The STAY)

# Coming Soon via Innovation...

## **Recovery Based Engagement Support Teams (RBEST)**

- Recently approved by the BOS
- Set to go before the MHSOAC on March 27, 2014
- Implementation and evaluation design of the project is in progress

# Workforce Education & Training

- Effective in developing highly educated and culturally competent workforce
- Continued support for the peer support certification
- Successful in implementing and expanding internship programs for:
  - Marriage and Family Therapy
  - Master in Social Work
  - Psychology
- Approximately \$11 million has been received.

# Programs created since MHSA implementation

## Workforce Education and Training

- Expand Existing Training Program
- Training to Support Fundamental Concepts of MHSA
- Development of Core Competencies
- Outreach to High School, Adult Education, Community College and ROP Students
- Leadership development Program
- Peer and Family Advocate Workforce Support Initiatives
- Expand Existing Internship Program
- Medical Education Program
- Scholarship Program
- Increase Eligibility of Federal Workforce Funding

# Capital Facilities and Technological Needs

- Over the past several years MHSA has allowed for time limited funding to be utilized to purchase or rehabilitate County owned buildings.
  - Rehabilitation of Building H - The new One Stop TAY Center opened in April 2012, and started providing services that same month.
  - Crisis residential services are also provided at the same location (The STAY)
- Procurement, development and implementation of the Electronic Health Record (EHR)
  - The San Bernardino Accessible Billing and Electronic Records (SABER) is set to go live July 1, 2015.
- Looking for more opportunities to utilize funding and add resources to the community
- Approximately \$24 million has been received.

# Our Ongoing Commitment

- Opportunities for diverse stakeholder engagement (CPAC, BHC, DAC, etc.)
- Continued integration between systems of care to better serve diverse county residents, no matter what their insurance program
- Utilization of technology to create access to services and care
- Developing a diverse pool of behavioral health professionals
- Improved communications with other healthcare providers to ensure integrated treatment plans and treat the whole person
- Continuous outreach and engagement with diverse county residents via community events, trainings, and cultural celebrations

# Next Steps

- Your feedback is important to us!
  - Please fill out a comment form on today's stakeholder meeting
  - A summary of your comments will be included in the MHSAs Three-Year Integrated Plan.
- The MHSAs Three-Year Integrated Plan will be posted for public comment from March 28, 2014 - April 28, 2014 on the DBH website.

[www.sbcounty.gov/dbh](http://www.sbcounty.gov/dbh)

- **Public Hearing:**

*When:* Thursday, May 1, 2014

*Where:* Behavioral Health Commission Meeting

County of San Bernardino Health Services Auditorium,  
850 E. Foothill Blvd., Rialto CA 92324

*Time:* 12:00 - 2:00 p.m.

Thank you for your time and attention!

## For more information

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